

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,777

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3		12						53						
4		21						54						
5		212						55						
6		21						56						
7		12						57						
8		21						58						
9		12						59						
10	1							60						
11		1						61						
12		10						62						
13		01						63						
14		010						64						
15		01						65						
16		100						66						
17		01						67						
18		10						68						
19		01						69						
20		010						70						
21	1							71						
22		1						72						
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45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	18	↔						TOTAL DEP.	↔					
TOTAL CLAIMS	20	████████						TOTAL CLAIMS	████████					

DESI AVAILBLE UNT